


**FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 041 ***150.00

DOCUMENT # **P06000040680**
1. Entity Name
ONXYX EXCLUSIVE, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
16020 SW 284 ST
Suite, Apt. #, etc.

3. Mailing Address
16020 SW 284 ST
Suite, Apt. #, etc.

40109060

CR2E034B (5/07)

City & State
Homestead FL

City & State
Homestead FL

Zip Country
33033 Dade

Zip Country
33033 Dade

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ONEXA LUYA President 16020 SW 284 ST, Homestead FL 33033
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/30/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #